

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24238

1. PLACE OF DEATH

94 County Shannon
Township Condolph
City Osage (No.)

Registration District No. 779
Primary Registration District No. 60240

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred . yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ava Lawson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30, 1897</u>		
7. AGE <u>36</u>	YEARS <u>1</u>	MONTHS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Washington Co.</u>
13. NAME	<u>Joseph Lawson</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Washington Co.</u>
15. MAIDEN NAME	<u>Amanda Boston</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Keyser Co.</u>

17. INFORMANT (ADDRESS)	<u>Joseph Lawson</u> <u>Osage, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL	
PLACE	<u>Frank Clay</u>
DATE	<u>Aug 2, 1933</u>
19. UNDERTAKER (ADDRESS)	<u>C. H. Taylor</u> <u>Osage, Mo.</u>
20. FILED	<u>Aug 2, 1933</u> <u>R. B. Lester</u> Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

I last saw h. alive on, 19.... Death is said

to have occurred on the date stated above, at 12:10 A.M.

The principal cause of death and related causes of importance were as follows:

Automobile accident?
tearing intercostal artery
on left side lower eighth
rib, causing hemorrhage

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 30, 1933

Where did injury occur? On Highway

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Rella Cozear Corcoran

(Address) Farmington, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

AGE 28

237

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Francis
Township Randolph
City No.

Registration District No. 779
Primary Registration District No. 6024a

File No. 24238
Registered No. St. Ward

2. FULL NAME

(a) Residence, No. Lacey L. Dawson St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
MOTHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE DATE 19		
19. UNDERTAKER (ADDRESS)		
20. FILED 19 <u>W. B. Luckenbach</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 31, 1933</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>to</u> to <u>to</u> , 19 <u>33</u> I last saw him alive on <u>to</u> , 19 <u>33</u> Death is said to have occurred on the <u>to</u> stated above, at <u>to</u> m. The principal cause of death and related causes of importance were as follows: <u>Auto accident</u> <u>Intercoastal artery</u> <u>on left side over right</u> <u>causing hemorrhage</u> Other contributory causes of importance: <u>Auto Collision</u> Name of operation <u>to</u> Date of <u>to</u> What test confirmed diagnosis? <u>to</u> Was there an autopsy? <u>to</u> 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>to</u> Date of injury <u>to</u> , 19 <u>33</u> Where did injury occur? <u>to</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>State Highway</u> Manner of injury <u>to</u> Nature of injury <u>to</u> 24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>to</u> (Signed) <u>to</u> , M. D. (Address) <u>to</u>

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Francois
Township Randolph
City (No.)

Registration District No. 779
Primary Registration District No. 6024a

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE				
19. UNDERTAKER (ADDRESS)				
20. FILED 19				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>July 31</u> , 19 <u>33</u>
22. I HEREBY CERTIFY, That I attended deceased from <u> </u> , to <u> </u> , 19 <u> </u>	
I last saw h. alive on <u> </u> , 19 <u> </u> . Death is said to have occurred on the date stated above, at <u> </u> m.	
The principal cause of death and related causes of importance were as follows: <u>Auto Accident</u>	
Other contributory causes of importance <u> </u>	
Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u> </u> Nature of injury <u> </u>	
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u> </u> (Signed) <u> </u> , M. D. (Address) <u> </u>	

Registrar